

## VERIFICATION OF RECIPROCITY FORM

STATE of \_\_\_\_\_/DISTRICT OF COLUMBIA:

I, \_\_\_\_\_, Justice/Judge of the \_\_\_\_\_  
Court of the State of \_\_\_\_\_/District of Columbia, which is the court of last  
resort in said State/District, do hereby certify that \_\_\_\_\_  
was admitted to practice law before such court on \_\_\_\_\_ (m/d/yyyy).

I further certify that this authority is responsible for bar admission requirements for this  
jurisdiction and that attorneys from the Commonwealth of Virginia (check one) [ ] are; [ ] are not  
admitted to practice law on motion or reciprocity in the State/District without requiring a written bar  
examination provided other requirements of this jurisdiction are met.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Justice/Judge of the \_\_\_\_\_ Court  
of the State of \_\_\_\_\_/District of Columbia

I, \_\_\_\_\_, Clerk of the \_\_\_\_\_, do  
hereby certify that \_\_\_\_\_ whose name is signed to the foregoing  
certificate, was at the time of signing said certificate a Justice/Judge of the court of last resort of  
the State of \_\_\_\_\_/District of Columbia, and that the foregoing is his/her true  
and genuine signature.

Witness my hand and the seal of said court, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Clerk of the \_\_\_\_\_

(SEAL)